

2700 INTERNAL TRANSFER REQUEST FOR S.N.

09/866, 23)

DATE: <u>11/19/2W1</u>	FROM: _____ (print name)
REASON(S):	
FORWARD TO: <u>2161</u>	A. You had Parent <input type="checkbox"/> (check box)
A. Art Unit: <u>705</u>	B. See Title <input type="checkbox"/> (check box)
B. Class: <u>1</u>	C. See Abstract <input type="checkbox"/> (check box)
C Subclass: <u>1</u>	D. See Claim(s): <u>1F</u>

FURTHER EXPLANATION IF NEEDED: Claims are directed to
Customer Service related at service facility see US Pat 5976388

DATE: _____	FROM: _____ (print name)
REASON(S):	
FORWARD TO: _____	A. You had Parent <input type="checkbox"/> (check box)
A. Art Unit: _____	B. See Title <input type="checkbox"/> (check box)
B. Class: _____	C. See Abstract <input type="checkbox"/> (check box)
C Subclass: _____	D. See Claim(s): _____

FURTHER EXPLANATION IF NEEDED:

DATE: _____	FROM: _____ (print name)
REASON(S):	
FORWARD TO CLASSIFIER 	A. You had Parent <input type="checkbox"/> (check box)
	B. See Title <input type="checkbox"/> (check box)
	C. See Abstract <input type="checkbox"/> (check box)
	D. See Claim(s): _____

FURTHER EXPLANATION IF NEEDED:

DISPOSITION BY 2700 CLASSIFICATION

DATE: _____	CLASSIFIER: _____
REASON(S):	
FORWARD TO: _____	A. You had Parent <input type="checkbox"/> (check box)
A. Art Unit: _____	B. See Title <input type="checkbox"/> (check box)
B. Class: _____	C. See Abstract <input type="checkbox"/> (check box)
C Subclass: _____	D. See Claim(s): _____

FURTHER EXPLANATION IF NEEDED: